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|---|--|-----------------|------------------|--------------------------|------------------|---------------------------|----------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Number 10/73 | | | | |
| FEE TRANSMITTAL | | | | Filing Date 12/15/2 | | · | | |
| For FY 2006 | | | First Named Inve | | RASIDESCU, Mihai | | | |
| | | | | Examiner Name | | HURLEY, Kevin | | |
| Applicant claims small e | ntity status. | See 37 CFR 1 27 | | Art Unit | 3611 | E 1 , IVBAIII | | |
| TOTAL AMOUNT OF PAYMENT (\$) 450 | | | | Attorney Docket I | | 1057669 (200301295US2) | | |
| | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
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| Deposit Account Deposit Account Number: 502977 Deposit Account Name. Osler, Hoskin & Harcourt | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
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| information and authorization on PTO-2038. | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | |
| Application Type | Small Entity Fee (5) Foc (\$) | | Small Entity | | S m | all Entity | Fees Paid (\$) | |
| Utility | 300 | | 500 | 1 <u>Fee (\$)</u> 250 | 200 | 100 500 (81 | 10010101 | |
| Design | 200 | | 100 | 50 | 130 | 65 | | |
| Plant | 200 | | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | | 500 | 250 | | 300 | | |
| Provisional | 2(X) | 100 | 0 | 0 | 0 | 0 | - | |
| 2. EXCESS CLAIM FEES | ; | | | - | • | | imall Entity | |
| Fee Description Fee (\$) Fee (\$) | | | | | | | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | | | | | 200 | 25 100 | |
| Multiple dependent claims | | | | | | 360 | 180 | |
| | | | Fee | Pald (\$) | | Multiple Dependent Claims | | |
| - 20 or HP - HP = highest number of total d | elms paid for. | X = | · — | | | <u>Fee (\$)</u> | Foo Paid (S) | |
| Indep. Claims | xtra Claims | | Fee | Paid (\$) | • | | | |
| HP = highost numbor of Indopendent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Shoots Extra Sheets Number of each additional 50 or fraction thereof Fee (8) Fee Paid (\$) | | | | | | | | |
| 100 = (round up to a whole number) x | | | | | | | | |
| 4. OTHER FEE(8) Non-English Specification. \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): Ext. 2-months (\$450) 450 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| ignature LPL | 200 | 1- | F | Registration No. | E70 | Telephone | E44 004 6604 | |
| | | | | | | Telephone 514-904-5624 | | |
| Name (Print/Type) Jonathan D. Cutter | | | | | | Date (UTEN 20UL | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is growined by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or surgications for reducing this burders, should be sent to the Chief Information Officer, U.8. Petern and Trademark Office, U.8. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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